

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Ben Nelson 2012

Full Name (Last, First, Middle Initial) A. Zachary Williams			Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM 03</div> <div style="border: 1px solid black; padding: 2px;">DD 31</div> <div style="border: 1px solid black; padding: 2px;">YYYYYY 2015</div> </div>	
Mailing Address 6929 Carmichael Ave			Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">-2400.00</div> Transaction ID : D358716	
City State Zip Code Bethesda MD 20817-4609				
Purpose of Disbursement Uncashed Refund check - 2012 General Election				
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:			Category/ Type	
Full Name (Last, First, Middle Initial)				
B.				
Mailing Address			Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YYYYYY</div> </div>	
City State Zip Code			Amount of Each Disbursement this Period <div style="border: 1px solid black; height: 20px;"></div>	
Purpose of Disbursement				
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
Disbursement For:			Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:			Category/ Type	
Full Name (Last, First, Middle Initial)				
C.				
Mailing Address			Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YYYYYY</div> </div>	
City State Zip Code			Amount of Each Disbursement this Period <div style="border: 1px solid black; height: 20px;"></div>	
Purpose of Disbursement				
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
Disbursement For:			Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:			Category/ Type	
Full Name (Last, First, Middle Initial)				
SUBTOTAL of Disbursements This Page (optional)			<div style="border: 1px solid black; padding: 5px; text-align: right;">-2400.00</div>	
TOTAL This Period (last page this line number only)			<div style="border: 1px solid black; padding: 5px; text-align: right;">-90600.00</div>	

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